

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF OKLAHOMA**

<b>MARY F. CUMMINGS,</b>	)	
	)	
<b>Plaintiff,</b>	)	
<b>vs.</b>	)	<b>Case No. 18-CV-231-RAW</b>
	)	
<b>UNITED STATES POSTAL SERVICE,</b>	)	
	)	
<b>Defendant.</b>	)	

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**DECLARATION OF DWIGHT D. "DAVID" PLYBON**

I, Dwight D. "David" Plybon, hereby declare under the provisions of 28 U.S.C., Section 1746 as follows:

1. This declaration is made based on my personal knowledge. I am over twenty-one (21) years of age and I am competent to give the declaration. I understand and intend for this declaration to be introduced as evidence in the above captioned case.
  
2. I am employed as the Manager, EEO Compliance and Appeals for Region 2, by the United States Postal Service ("USPS") in Dallas, Texas and have held that position since July 2011. As Manager, EEO Compliance and Appeals, I maintain complaint records and handle the processing of EEO compliance and appeals for the United States Postal Service.
  
3. By virtue of my position, I have access to all EEO complaints filed by United States Postal Service employees, and I am custodian of the records for the EEO Compliance and Appeals Office. In addition, by virtue of my position, I have access to the electronic database, iComplaints, in which information is maintained on each complaint.

4. I have reviewed the records maintained in the EEO Compliance and Appeals Office concerning the administrative complaints filed by Mary F. Cummings. Ms. Cummings has filed the following informal complaints: Agency No.4G-730-0058-16 and Agency No. 4G-730-0002-18.
5. In regards to Agency No. 4G-730-0058-16, Ms. Cummings filed an **informal** complaint on August 15, 2016 alleging race, sex, age discrimination and reprisal when she was terminated from employment on July 25, 2016. (Att. 1, Informal Complaint, Pgs. 1-8).
6. On September 19, 2016, Cummings received a Notice of Right to File which advised that she had 15 days to timely file a **formal** complaint. (Att. 2, Notice of Right to File, Pg. 1, ¶ 3)
7. Ms. Cummings did not file a formal complaint.
8. In regards to Agency No. 4G-730-0002-18, Ms. Cummings filed an informal complaint on October 1, 2017 alleging race, sex, age discrimination and reprisal when hiring practices were violated and she was given a bad employment reference when (a) on September 20, 2017, she was not hired for a PSE Clerk position at the Muse Oklahoma Post Office and during the interview, she was asked what happened between her and management at her last postal job, (b) on September 12, 2017, she did not receive an interview for the PSE Clerk position at the Howe Oklahoma Post Office, and (c) during February 2017, she was not hired for the PSE Clerk position at the Whitesboro Oklahoma Post Office although she was the only applicant that applied and interview. (Att. 3, Informal Complaint Pgs. 1-6 and Att. 4, Notice of Right to File, Pg. 1, ¶1)

9. On November 8, 2017, Ms. Cummings received a Notice of Right to File which advised that she had 15 days to timely file a formal complaint. (Att. 4, Pg. 11 and Pg. 1, ¶ 4).
10. Ms. Cummings did not file a formal complaint.
11. Enclosed in both of the Notices of Right to File, Ms. Cummings was provided a PS Form 2563-B, stating if her complaint alleged age discrimination, she could bypass the administrative complaint process and instead file a civil action in the appropriate U.S. district court by filing a Notice of Intent to sue with the EEOC. (Att. 2, Pg. 6, ¶ 2 and Att. 4, Pg. 7, ¶ 2)
12. When the EEOC receives a Notice of Intent for Age Discrimination in Employment Act claim, it is required to notify the employer. All such notifications are sent by the EEOC to Compliance and Appeals and I provide a response to the EEOC regarding the status of any cases that may exist for my Region. I have received no such Notice of Intent with regards to Ms. Cummings.
13. The documents attached to this declaration are included in the EEO administrative files which are maintained in my offices in Dallas, Texas. The documents in the EEO administrative file are kept in the regular course of business, and it was the regular practice of said entity for an employee or representative with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original, except that the information identified in Fed. R. Civ. P. 5.2 has been redacted from such copies.

I declare under penalty of perjury that the foregoing is true and correct based on my personal knowledge.

Signed this 11<sup>th</sup> day of June 2020.



DWIGHT D. "DAVID" PLYBON





## Information for Pre-Complaint Counseling

Reference: PRE-030881-2016

On 8/15/2016 (Month, Day, Year), I requested  
an appointment with an Alternative Dispute Resolution (ADR) Specialist.

OFFICE USE ONLY	
Code	Date Stamp
Case Number <u>46-730-0058-16</u>	RECEIVED  AUG 25 2016  NEEOISO
Page Number <u>9 A</u>	

**Important:** You should complete this form and return it to the EEO office within 10 calendar days of receipt. This is the only notification you will receive about the need for you to complete this form.

### A. Requester Information

Name (Last, First, MI) <u>Cummings, Mary, E.</u>		FIN or SSN if applicant	Home Telephone Number
Your Mailing Address (Street or PO Box <sup>TM</sup> , City, State and ZIP+4) <u>P.O. Box 11 Fanshawe, OK. 74935</u>		Finance Number	
Name of Postal Facility Where You Work <u>Vian, OK.</u>		Office Telephone Number <u>(918) 773-6081</u>	
Address of Postal Facility (Street or PO Box, City, State and ZIP+4) <u>205 N. Thornton 74962</u>		Email Address*	
Employment Status (Check one.) <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Career <input type="checkbox"/> Non-Career (Specify):		Position Title <u>PTF</u> Position Level	Do you have veteran's preference eligibility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>com</u>
Pay Location <u>000</u>	Tour	Duty Hours <u>07:00 -</u>	Off Days (If Tour 1, show nights off.) <u>Sunday</u>
Your Supervisor's Name <u>Carla Milosav</u>		Supervisor's Title <u>Postmaster</u>	Time in Current Position ____ Years <u>2 1/2</u> Months
		Supervisor's Telephone Number <u>479-414-8077</u>	

\*Providing this information will authorize the U.S. Postal Service® to send you important documents electronically.

### B. Discrimination Factors

Prohibited discrimination includes actions taken based on your **Race, Color, Religion, Sex (Male, Female), Sex (LGBT), Age (40+), National Origin, Physical and/or Mental Disability, Genetic Information, or in Retaliation** for your participation in protected EEO activity. These categories are referred to on this form as factors.

What factor(s) of discrimination are you alleging? (Please be specific, i.e., Race-African American, Sex-Female).

Retaliation for my participation in protected EEO activity

**For Retaliation Allegations Only.** If you are alleging retaliation discrimination, provide the date(s) and specifics of the protected EEO activity that you feel caused you to be retaliated against.

1. On 7-20-16 (Month, Day, Year), I engaged in EEO activity. Case Number: N/A

2. On \_\_\_\_\_ (Month, Day, Year), I engaged in EEO activity. Case Number: \_\_\_\_\_

### C. Description of Incident/Action

Please use the space below to briefly describe the incident or action that prompted you to seek EEO counseling at this time.

On 7-20 (Month, Day), 2016 (Year)

My local chairman, Andy Rackley, called me at work at the Vian Post Office at 7:15 am, to see what I needed. Postmaster, Carla Milosav, answered the phone. When Carla answered the phone, she identified herself. The local chairman identified himself. Two days later, I was separated from my job (PTF) at Vian. I was a protected employee, a PTF, at Vian Post Office as of July 8, 2016, under the new agreement, Article 7.

**D. Comparisons**

Explain why, based on the factors you cited in Section B, you believe that you were treated differently than other employees or applicants in similar situations.

1. \_\_\_\_\_  
 (Name of Employee) Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)  
 was treated differently than I when: \_\_\_\_\_

2. \_\_\_\_\_  
 (Name of Employee) Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)  
 was treated differently than I when: \_\_\_\_\_

3. \_\_\_\_\_  
 (Name of Employee) Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)  
 was treated differently than I when: \_\_\_\_\_

**E. Official(s) Responsible for Action(s)**

List the name(s) of the official(s) who took the action which prompted you to seek counseling at this time.

RECEIVED

1a. Name	Carla Milosav	1b. Title	Postmaster
1c. Office	Vian, OK.	1d. Position Level	
2a. Name		2b. Title	
2c. Office		2d. Position Level	

AUG 25 2016

NEEOISO

**Retaliation Allegations Only:** Was/were the official(s) listed in Section E above aware of your participation in protected EEO activity?

☐ No ☒ Yes If yes, explain how the official(s) became aware: Local chairman contacted me at work on 7-20-11 at 7:15 AM, when Carla Milosav answered the phone, identifying herself to the caller, & the local Chairman, Andy Rackley, identifying himself as he asked Carla to speak with me.

**F. Resolution**

What are you seeking as a resolution to your pre-complaint?

Reinstated to my job at Vian Post Office and backpay.

**G. Grievance/MSPB Appeal**

On the incident that prompted you to seek EEO counseling, have you:

1. Filed a grievance on the same issue? ☒ No ☐ Yes If yes, Can't under Article 12. \_\_\_\_\_  
 (Date) (Current Step)

2. Filed an MSPB appeal on this issue? ☒ No ☐ Yes If yes, \_\_\_\_\_  
 (Date Appeal Filed)

3. Filed an appeal under Section 650 of the Employee and Labor Relations Manual (ELM)? ☐ No ☐ Yes If yes, \_\_\_\_\_  
 (Date Appeal Filed)



**H. Anonymity**

You have the right to remain anonymous during the pre-complaint process.

Do you desire anonymity? ☐ No ☒ Yes

**I. Representation**

You have the right to retain representation of your choice. (Check one.)

☒ I waive the right to representation at this time. ☐ I authorize the person listed below to represent me.

Name of Representative	Representative's Title	
Organization	Telephone Number (   )	Email Address**
Mailing Address (Street or PO Box, City, State and ZIP+4)		

\*\*Providing this information will authorize the U.S. Postal Service to send your representative important documents electronically.

**J. Documentation**

Please attach any documentation you wish to submit to support your allegation(s). Include a copy of any written action(s) that caused you to seek counseling at this time.

**K. Privacy Act Statement and Rehabilitation Act Notice**

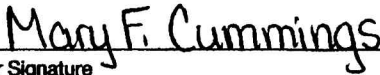
**Privacy Act Statement:** Your information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not be able to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service® (USPS®) or requesting agency becomes aware of a violation of law; to congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

**Rehabilitation Act Notice:** Under the Rehabilitation Act, medical information is confidential and may only be requested or disclosed in very limited circumstances. Medical documentation about the complainant's and possible comparison employees' medical conditions and work restrictions may be requested in connection with the investigation of an EEO complaint. Information about medical restrictions (but not medical conditions) obtained in the course of an EEO investigation may be disclosed to supervisors and managers who need to know about restrictions on the work or duties of the employee and about necessary accommodations. Supervisors and managers are not permitted to share such information with peers or subordinates or to discuss the information with those who have no need to know and whose requests for the information are not job-related and consistent with business necessity.

**L. Authorization**

I am aware that the claim(s) contained herein shall by-pass the pre-complaint process if (1) similar or related to a formal complaint that I have already filed, or (2) the claim(s) constitutes a spin-off complaint. (A spin-off complaint contests the manner in which a previously filed complaint is being processed.) In completing this PS Form 2564-A, *Information for Pre-Complaint Counseling*, I recognize that the manager, Dispute Resolution, and NEEOISO will review the claim(s) contained herein and determine how they shall be processed. I will be notified, in writing, if the manager and NEEOISO determine that my claim(s) shall be processed as amendments or appendages to a formal or informal complaint that I have already filed.

Print your name here

Your Signature 	Date signed 8-22-16
Please return this form to:	

NEEOISO - EEO CONTACT CENTER  
U.S. POSTAL SERVICE  
PO BOX 21979  
TAMPA FL 33622-1979

RECEIVED

AUG 25 2016

NEEOISO



## Information for Pre-Complaint Counseling

Reference: PRE-030881-2016

On 8/15/2016, I requested  
(Month, Day, Year)

an appointment with an Alternative Dispute Resolution (ADR) Specialist.

OFFICE USE ONLY	
Code	Date Stamp
Case Number	
Page Number	

**Important:** You should complete this form and return it to the EEO office **within 10 calendar days of receipt**. This is the only notification you will receive about the need for you to complete this form.

### A. Requester Information

Name (Last, First, MI) <u>Cummins, Mary, F.</u>		EIN. or SSN if applicant	Home Telephone Number
Your Mailing Address (Street or PO Box™, City, State and ZIP+4®) <u>P.O. Box 11 Fanshawe, OK. 74935</u>			Finance Number
Name of Postal Facility Where You Work <u>Vian, OK.</u>			Office Telephone Number <u>(48) 773-6081</u>
Address of Postal Facility (Street or PO Box, City, State and ZIP+4) <u>205 N. Thornton 74962</u>			Email Address*
Employment Status (Check one.) <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Career <input type="checkbox"/> Non-Career (Specify):		Position Title <u>PTF</u> Position Level	Do you have Veteran's Preference Eligibility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>com</u>
Pay Location <u>000</u>	Tour	Duty Hours <u>07:00-</u>	Off Days (If Tour 1, show nights off.) <u>Sunday</u>
Your Supervisor's Name <u>Carla Milosav</u>		Supervisor's Title <u>Postmaster</u>	Time in Current Position ____ Years <u>2 1/2</u> Months Supervisor's Telephone Number <u>(479) 414-8077</u>

\*Providing this information will authorize the U.S. Postal Service® to send you important documents electronically.

### B. Discrimination Factors

Prohibited discrimination includes actions taken based on your **Race, Color, Religion, Sex (Male, Female), Sex (LGBT), Age (40+), National Origin, Physical and/or Mental Disability, Genetic Information, or in Retaliation** for your participation in protected EEO activity. These categories are referred to on this form as factors.

What factor(s) of discrimination are you alleging? (Please be specific, i.e., Race-African American, Sex-Female).

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Sex- Female Race- American Indian  
Age- over 40

**For Retaliation Allegations Only.** If you are alleging retaliation discrimination, provide the date(s) and specifics of the protected EEO activity that you feel caused you to be retaliated against.

1. On \_\_\_\_\_, I engaged in EEO activity. Case Number: \_\_\_\_\_  
(Month, Day, Year)

2. On \_\_\_\_\_, I engaged in EEO activity. Case Number: \_\_\_\_\_  
(Month, Day, Year)

### C. Description of Incident/Action

Please use the space below to briefly describe the incident or action that prompted you to seek EEO counseling at this time.

On Several Incidents, 2016.  
Month, Day Year

Postmaster, Carla Milosav, announced on the work room floor in front of all employees, "I'll be glad when I can hire all men in here, because I work better with men."



**D. Comparisons**

Explain why, based on the factors you cited in Section B, you believe that you were treated differently than other employees or applicants in similar situations.

1. Jeff

(Name of Employee) J

Sex - (male)

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

Never been a clerk for the Post Office before, he rated "Satisfactory" on his "Employee Evaluation and/or Probationary Report" by Carla. I received "Unacceptable" across the board, with 2 years experience as a clerk. The Postmaster, Carla Milosav, telling me, I could not scan packages fast enough. Carla, announcing on the work room floor, "That Jeff Ivey could not scan packages, she was putting him on DPS". Carla Milosav, Postmaster, was not consistent with her penalty with those imposed upon other employees for the same or similar situation.

(Name of Employee)

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

3.

(Name of Employee)

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

**E. Official(s) Responsible for Action(s)**

List the name(s) of the official(s) who took the action which prompted you to seek counseling at this time.

1a. Name <u>Carla Milosav</u>	1b. Title <u>Postmaster</u>	RECEIVED AUG 25 2016 NNEOISO
1c. Office <u>Vian, OK.</u>	1d. Position Level	
2a. Name	2b. Title	
2c. Office	2d. Position Level	

**Retaliation Allegations Only:** Was/were the official(s) listed in Section E above aware of your participation in protected EEO activity?

☐ No ☐ Yes If yes, explain how the official(s) became aware: \_\_\_\_\_

**F. Resolution**

What are you seeking as a resolution to your pre-complaint?

Reinstated to my job as a PTF at Vian, OK. with backpay.

**G. Grievance/MSPB Appeal**

On the incident that prompted you to seek EEO counseling, have you:

1. Filed a grievance on the same issue? ☒ No ☐ Yes If yes, can't under Article 12  
(Date) (Current Step)
2. Filed an MSPB appeal on this issue? ☒ No ☐ Yes If yes, \_\_\_\_\_  
(Date Appeal Filed)
3. Filed an appeal under Section 650 of the Employee and Labor Relations Manual (ELM)? ☐ No ☐ Yes If yes, \_\_\_\_\_  
(Date Appeal Filed)

**H. Anonymity**

You have the right to remain anonymous during the pre-complaint process.

Do you desire anonymity? ☐ No ☒ Yes

**I. Representation**

You have the right to retain representation of your choice. (Check one.)

☒ I waive the right to representation at this time. ☐ I authorize the person listed below to represent me.

Name of Representative	Representative's Title	
Organization	Telephone Number (   )	Email Address**

Mailing Address (Street or PO Box, City, State and ZIP+4)

\*\*Providing this information will authorize the U.S. Postal Service to send your representative important documents electronically.

**J. Documentation**

Please attach any documentation you wish to submit to support your allegation(s). Include a copy of any written action(s) that caused you to seek counseling at this time.

**K. Privacy Act Statement and Rehabilitation Act Notice**

**Privacy Act Statement:** Your information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not be able to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service® (USPS®) or requesting agency becomes aware of a violation of law; to congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

**Rehabilitation Act Notice:** Under the Rehabilitation Act, medical information is confidential and may only be requested or disclosed in very limited circumstances. Medical documentation about the complainant's and possible comparison employees' medical conditions and work restrictions may be requested in connection with the investigation of an EEO complaint. Information about medical restrictions (but not medical conditions) obtained in the course of an EEO investigation may be disclosed to supervisors and managers who need to know about restrictions on the work or duties of the employee and about necessary accommodations. Supervisors and managers are not permitted to share such information with peers or subordinates or to discuss the information with those who have no need to know and whose requests for the information are not job-related and consistent with business necessity.

**L. Authorization**

I am aware that the claim(s) contained herein shall by-pass the pre-complaint process if (1) similar or related to a formal complaint that I have already filed, or (2) the claim(s) constitutes a spin-off complaint. (A spin-off complaint contests the manner in which a previously filed complaint is being processed.) In completing this PS Form 2564-A, *Information for Pre-Complaint Counseling*, I recognize that the manager, Dispute Resolution, and NEEOISO will review the claim(s) contained herein and determine how they shall be processed. I will be notified, in writing, if the manager and NEEOISO determine that my claim(s) shall be processed as amendments or appendages to a formal or informal complaint that I have already filed.

Print your name here

Mary F. Cummings

Your Signature

Mary F. Cummings

Date signed

8-22-16

Please return this form to:

NEEOISO - EEO CONTACT CENTER  
U.S. POSTAL SERVICE  
PO BOX 21979  
TAMPA FL 33622-1979

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AUG 25 2016

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PS Form 2564-A, October 2015 (Page 3 of 3)





# Certification of Receipt — Publication 133

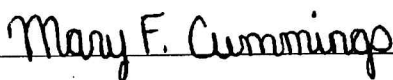
Privacy Act Statement and Rehabilitation Act Notice

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## Certification of Receipt — Publication 133

I hereby certify that on this date I received a copy of Publication 133, *What You Need to Know About EEO*, to keep for my personal records.

Signature of Recipient	RECEIVED		
	<table border="1"> <tr> <td data-bbox="1015 1060 1031 1190">Date</td> <td data-bbox="1031 1060 1479 1190">AUG 25 2016 8-18-16</td> </tr> </table>	Date	AUG 25 2016 8-18-16
Date	AUG 25 2016 8-18-16		

NNEOISO

**Note:** Recipient, when you receive this form by mail, please sign and return it to the EEO Office at the same time you return your completed PS Form 2564-A, *Information for Pre-Complaint Counseling*.

## Certification of Service — Publication 133

I hereby certify that on this date, Publication 133, *What You Need to Know About EEO*,

was mailed to \_\_\_\_\_

via Certified Mail Number \_\_\_\_\_

or delivered by hand to \_\_\_\_\_

Signature of Server	Date
---------------------	------

PS Form 2563-A, October 2015

Mary F. Cummings  
P.O. Box 11  
Fanshawe, OK. 74935

RECEIVED  
AUG 25 2016  
NEEOISO

NEEOISO  
EEO Contact Center  
U.S. Postal Service  
P.O. Box 21979  
Tampa, FL 33622-1979





September 14, 2016

Signature Confirmation # 2315 3630 0000 4423 2435

Mary F. Cummings  
PO Box 11  
Fanshawe, OK 74935-0011

Subject: Notice of Right to File  
EEO Case No.: 4G-730-0058-16

Dear Ms. Cummings:

This letter is to notify you that I have concluded the processing of your claim of discrimination initiated on 8/15/2016. In this matter you claim that you were discriminated against based on race, sex, age and retaliation when on 07/25/2016 you were separated from employment with the Postal Service.

An inquiry was conducted and management responded that you were in fact separated from employment at the Vian Oklahoma Post Office. Management also responded that the decision to separate you was based solely on your inability to meet employment expectations during the probationary period.

At this time there is no resolution to your counseling request. You have two options available to you. You can do nothing at which point your inquiry will expire and no further action will be taken on your counseling request or you can elect to file a formal complaint.

If you opt to file a formal complaint, you have 15 days from the date of receipt of this letter to file a timely formal complaint. Your complaint could be subject to dismissal in accordance with 29 CFR Part 1614.107 if not filed within the 15 day time limit. Your complaint will be deemed timely if it is postmarked before the expiration of the 15 day time limit. The Complaint must be specific and contain only those issues either specifically discussed with me or issues that are like or related to the issues that you discussed with me.

Enclosed are the required forms if you wish to pursue your complaint further through the EEO process. If you choose to file a formal complaint, you must complete, sign, and date PS Form 2579-A and PS Form 2565 and return them to the following address:

**NEEOISO-Formal Complaint  
U.S. Postal Service  
P.O. Box 21979  
Tampa, FL 33622-1979**

You are **not** permitted to use a penalty envelope to submit your formal complaint. You will receive written acknowledgment of your formal complaint.

As a reminder, it is your responsibility to immediately notify NEEOISO, U. S. Postal Service, PO Box 21979, Tampa, FL 33622-1979, of any changes to your mailing address. If you designate or change your EEO representative, it is your responsibility to advise NEEOISO, in writing, of that person's name, title, mailing address, and phone number.

**Be advised that** I make no decisions with regard to the future processing of your complaint. Nonetheless, you should know that EEO claims are dismissible for reasons of untimely contact and failure to state a claim. Untimely contact is any EEO contact in excess of 45 days from the date an employee knew or reasonably should have suspected an action to be discriminatory. In such cases, complainants must include a statement explaining why the contact was in excess of 45 days from the first incident at the time of filing a formal complaint.

Failure to state a claim can be determined in cases where: (1) the offense is not severe or pervasive and does not rise to the level of a tangible employment action, (2) where the offense is not covered by EEO laws or is outside the jurisdiction of the EEOC, (3) where it can be shown that the complainant is attempting to circumvent other fact-finding processes, such as the grievance procedure, or (4) cannot occur again under the same circumstances.

If you have any questions, please do not hesitate to give me a call.

Sincerely,



Jean Rusk  
4600 Mark IV Parkway 150K  
Fort Worth, TX 76161-9100  
(817) 317-3251

Enclosures: PS Form 2579-A  
PS Form 2565  
PS Form 2563-B

cc: Case File  
4G-730-0058-16



## Notice of Right to File Individual Complaint

TO: Name (First, MI, Last)  <b>Mary F. Cummings</b>	Re: Case No.  <b>4G-730-0058-16</b>
---	---

This notice will attest to the fact that on **9/14/2016**, I advised you of the actions taken concerning the alleged discrimination that you brought to my attention. If the matters that you raised during the pre-complaint processing stage have not been resolved, you have the right to file a formal complaint within 15 calendar days of the date you receive this notice. If you decide to file a formal complaint, your complaint must be put in writing and signed by you or your attorney, if you retained one to represent you. I am providing you with **PS Form 2565, EEO Complaint of Discrimination in the Postal Service**, for this purpose. Your complaint must be delivered to:

NEEOISO – Formal Complaints  
U.S. POSTAL SERVICE  
P.O. BOX 21979  
TAMPA FL 33622-1979

Your complaint will be deemed timely filed if it is received at this address before the expiration of the 15-day filing period, or if it bears a postmark that is dated before the expiration of the filing period. In the absence of a legible postmark, it must be received by mail within 5 calendar days of the expiration of the filing period.

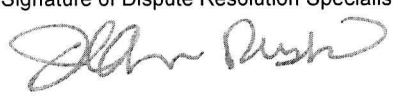
An EEO discrimination complaint can be processed only if the complainant alleges he or she has been discriminated against on the basis of race, color, religion, sex, national origin, age (40+), disability, genetic information or retaliation for past EEO activity. In addition, courts have ruled the complainant has the burden of presenting evidence which would give rise to an inference of discrimination. A complaint must contain the following information:

- (1) **Your name, address, position, and level;**
  - If you change your address, you have a regulatory requirement to immediately report the change to the address below:  
NEEOISO-EEO Contact Center, U.S. Postal Service, P.O. Box 21979, Tampa FL 33622-1979
- (2) **The specific action or matter complained of, the date of occurrence, and the names of the official(s) who took the alleged discriminatory action at issue in this complaint;**
- (3) **The specific type of discrimination alleged, e.g., race – African American, sex - female, etc.;**
  - If you allege disability discrimination, the alleged disability must be more than a temporary condition.
  - If you allege age discrimination, you must have been at least 40 years of age on the date the alleged discriminatory action occurred.
- (4) **A brief statement of the facts that led you to believe you were discriminated against and the names of similarity situated individuals whom you believe were treated differently than you.**
  - If you allege a failure to accommodate a disability or your religion, you must explain the accommodation sought and why you sought it.
  - If you allege retaliation, you must show a connection between the action about which you are complaining and your participation in protected EEO activity. You must also show that when the alleged discriminatory action at issue in this complaint occurred, the management official who took the action was aware that you had previously engaged in protected activity.
- (5) **The name of the EEO Dispute Resolution Specialist who provided you with this notice and the date you received this Notice of Right to File.**

### Privacy Act Notice

**Privacy Act Notice.** The collection of this information is authorized by The Equal Employment Opportunity Act of 1972, 42 U.S.C. 2000e-16; The Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C.633a; The Rehabilitation Act of 1973, as amended, 29 U.S.C. 794a; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a

congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

Signature of Dispute Resolution Specialist 	Date Issued  <b>9/14/2016</b>	Your Signature	Date Received
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**Alternative Dispute Resolution Specialist: If you are mailing this Notice, you must send it by Priority Mail, Signature Confirmation Delivery**

PS Form **2579-A**, October 2015



(See Instructions and Privacy Act Statement on Reverse)

## Privacy Act Notice

**Privacy Act Notice.** The collection of this information is authorized by the Equal Employment Opportunity Act of 1972, 42 U.S.C. § 2000e-16; the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § 633a; the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794a; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other

benefits; to a congressional office at your request, to an expert, consultant or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

## Instructions

- A. Use this form to file a formal complaint if you are an employee or applicant for employment who believes that you have been discriminated against by the Postal Service because of your race, color, religion, sex, age (40+), national origin, genetic information or disability. You must have presented the matter to an EEO dispute resolution specialist within 45 calendar days of the date the incident occurred, or, if a personnel action was involved, within 45 calendar days of the effective date of the personnel action. Mail the completed formal complaint to the following address:
- NEEISO – Formal Complaints  
U.S. Postal Service  
P.O. Box 21979  
Tampa FL 33622-1979
- B. Unless you have agreed to extend the 30-day period for an additional 60 calendar days, you will receive a notice of right to file a formal complaint within 30 calendar days from the date of your first contact with the EEO Office. You must file your formal complaint within 15 calendar days of the date on which you receive your notice of right to file. If you do not receive a notice of right to file within the appropriate time period, you may file a formal complaint at any time thereafter, up to 15 calendar days after receiving the notice.
- C. If you have agreed to participate in alternative dispute resolution (ADR), the informal process must be completed within 90 calendar days of your first contact with the EEO office. You have the right to file a formal complaint at any time thereafter, up to 15 calendar days after you have received your notice of right to file.
- D. Your notice of right to file contains the address where your formal complaint must be mailed or delivered and the address is listed in Part A of this document. The formal complaint will be deemed timely if it is received or postmarked before the expiration of the 15-day filing period, or, in the absence of a legible postmark, if it is received by mail within 5 days of the expiration of the filing period.
- E. The time limits for filing a formal complaint may be extended if you show that you were prevented by circumstances beyond your control from timely submitting the complaint, or if you present other reasons considered sufficient by the Postal Service.
- F. If you need help preparing this form, you may obtain assistance from a representative of your choice. You may also seek guidance from the dispute resolution specialist who issued you the notice of right to file.
- G. Your formal complaint must be in writing and must be signed and dated by you or your attorney. You are entitled to a representative of your choice at all stages of the EEO complaint process; however, only an attorney can sign official EEO documents on your behalf.
- H. If your written complaint is accepted, it will be assigned to an EEO complaint investigator who will provide you with an opportunity to present all the facts that you believe resulted in the alleged discrimination. The EEO complaints investigator will conduct a thorough review of the circumstances under which the alleged discrimination occurred.
- I. While your complaint is under investigation, you may amend it to add claims that are like or related. Contact the EEO office for the address where your written amendment request must be mailed or delivered.
- Manager, EEO Compliance & Appeals. If you are represented by an attorney, the 30-day period will begin on the date your attorney receives a copy of the case file. Instead of requesting a hearing, you may request an agency decision without a hearing and the head of the agency or his/her designee will issue you a decision letter with appeal rights.
- K. If you request a hearing, the EEOC will appoint an administrative judge (AJ) to conduct the hearing. The AJ will notify you and the Postal Service of the right to seek discovery prior to the hearing to develop evidence reasonably on matters relevant to the issues raised in the complaint(s) to be heard. Attendance at the hearing will be limited to persons the administrative judge determines have direct knowledge relating to the complaint. Hearings are part of the investigative process and are closed to the public.
- L. Following the hearing, the AJ will send you copy of the hearing record, including the transcript and his/her decision. The head of the agency, or his/her designee, will review the entire record, including the transcript, and will determine whether or not to implement the AJ's decision. You will receive the agency's notification of final action within 40 days of the date the agency receives the AJ's decision. If the agency's final action will not fully implement the AJ's decision, the agency must appeal to the EEOC. A copy of the Postal Service's appeal will be attached to your notification of final action.
- M. If you are not satisfied with the decision of the AJ, or the agency's final action on the decision, you have the right to appeal within 30 calendar days after receiving notification of the agency's final action. Your appeal must be mailed to the EEOC at the following address: EEOC Office of Federal Operations, Federal Sector Programs, P.O. Box 77960, Washington DC 20013-8960
- N. In lieu of filing an appeal of the agency's final action to the EEOC's Office of Federal Operations (OFO), you may file a civil action in an appropriate U.S. District Court within 90 calendar days of your receipt of the agency's final action.
- O. You may also file a civil action in an appropriate U.S. district court: after 180 days have passed from the date you filed the complaint, if the final agency action has not been issued and an appeal has not been filed; within 90 days of receipt of the OFO's decision on your appeal; or after 180 days have passed from the date you filed your appeal with the OFO, if there has been no decision issued on that appeal.
- P. Special statutory provisions in Public 93-259 relate to age discrimination. The Public Law sets forth the right to by-pass the administrative complaint processing procedure and file a civil action. For additional information, contact the EEO office.
- Q. Under the Equal Pay Act, you have the right to file a civil action without exhausting the administrative procedures.
- R. You must keep the EEO complaint processing office aware of your current mailing address at all times. Failure to notify the EEO complaint processing office and the EEOC of an address change could result in the dismissal of your complaint.
- J. You and your representative will each be provided a copy of the completed investigation file. You have the right to request a hearing within 30 calendar days of the date you receive the investigative file by mailing or delivering your request to the appropriate Equal Employment Opportunity Commission (EEOC) District Office with a copy to the area.





## Allegations of Discrimination Based on Age

Case No.

4G-730-0058-16

To: (Full Name and Address)

**Mary F. Cummings**  
**PO Box 11**  
**Fanshawe, OK 74935-0011**

The Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination in employment on the basis of age (40 years or older). The ADEA allows persons claiming age discrimination to go directly to court without going through an agency's administrative complaint procedures. The following information is being provided to you to explain the procedures concerning age discrimination.

If your complaint alleges age discrimination, you may bypass the administrative complaint process by electing not to file a formal complaint and instead filing a civil action in an appropriate U.S. district court. Before filing suit in U.S. district court, you must file a notice of intent to sue with the Office of Federal Operations, Equal Employment Opportunity Commission. You must file the notice within 180 calendar days of the date of the alleged discriminatory action. Once you have timely filed the notice of intent to sue with the EEOC, you must wait at least thirty (30) calendar days before filing a civil action.

A. If you choose to file a formal EEO complaint, you must submit PS Form 2565 to the following address:

NEEOISO – FORMAL COMPLAINTS  
 U.S. POSTAL SERVICE  
 P.O. BOX 21979  
 TAMPA FL 33622-1979

You must exhaust your administrative remedies before you can file a civil action. 29 C.F.R. §1614 provides that you exhaust administrative remedies under the ADEA: (1) 180 days after filing a complaint, if the Postal Service has not taken final action and you have not filed an appeal; or (2) within 90 calendar days after receiving a final action by the Postal Service; or (3) 180 days after filing an appeal with the EEOC, if the Commission has not issued a final decision; or (4) within 990 days after receiving the Commission's final decision on appeal.

B. *Notices of intent to sue must be mailed to the EEOC at the following address:*

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
 OFFICE OF FEDERAL OPERATIONS  
 FEDERAL SECTOR PROGRAMS  
 P.O Box 77960  
 WASHINGTON DC 20013-8960

*or delivered to:*


EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
 OFFICE OF FEDERAL OPERATIONS  
 FEDERAL SECTOR PROGRAMS  
 131 M STREET, NE, SUITE 5SW12G  
 WASHINGTON DC 20507-0004

*or faxed (if no more than 10 pages) to:*

OFFICE OF FEDERAL OPERATIONS  
 FEDERAL SECTOR PROGRAMS  
 (202) 663-7022.

C. *The notice of intent to sue should be dated and must contain the following information:*

- (1) Statement of intent to file a civil action under section 15(d) of the Age Discrimination in Employment Act of 1967, as amended;
- (2) Name, address, and telephone number;
- (3) Name, address, and telephone number of your designated representative, if any;
- (4) Name and location of the Postal facility where the alleged discriminatory action occurred;
- (5) Date on which the alleged discriminatory action occurred;
- (6) Statement of the nature of the alleged discriminatory action(s); and
- (7) Your signature or your representative's signature.

Signature of Dispute Resolution Specialist 	Date Issued 9/14/2016	Your Signature	Date Received
---	--------------------------	----------------	---------------

**CERTIFICATE OF SERVICE**

I certify that on this date that PS Form 2579-A, Notice of Right to File Individual Complaint, with attachments, was mailed to the following parties at the mailing addresses listed below: A copy of letter (only) was sent by regular mail to representative.

Mary Cummings  
PO Box 11  
Fanshawe, OK 74935-0011

Signature Delivery Confirmation  
2315 3630 0000 4423 2435

Representation Waived

(via Regular First Class Mail)



9/14/2016

---

EEO ADR Specialist

---

Date

**4G-730-0058-16**

[Help](#)

## Product Tracking & Reporting

[Home](#)[Search](#)[Reports](#)[Manual Entry](#)[Rates/  
Commitments](#)[PTR / EDW](#)[USPS Corporate  
Accounts](#)

September 19, 2016

### USPS Tracking Intranet Tracking Number Result

**Container ID Searches**

Do not use the container ID search. Do not share the search results externally. The container ID search may return events that are repeated or belong to another container. To view container events, use the tracking number search results. Please do not log a Help Desk ticket. A fix is in progress.

#### Result for Domestic Tracking Number 2315 3630 0000 4423 2435

**Destination and Origin****Destination**

ZIP Code	City	State
74935	FANSHAW	OK

**Origin**

City	State

**Tracking Number Classification****Class/Service**

Class/Service: Signature Confirmation  
Class of Mail Code/Description: -1 / Unknown

**Destination Address Information**

Address: PO BOX 11  
City: FANSHAW  
State: OK  
5-Digit ZIP Code: 74935  
4-Digit ZIP Code add on: 0011  
Delivery Point Code: 11  
Record Type Code: Post Office Box

**Service Delivery Information**

Delivery Date from AAU (Notification Delivery Date): Friday, 09/16/2016  
Other Information: [Service Calculation Information](#)

**Payment**

Weight: 0 lb(s) 5 oz(s)

[Agent Information](#)**Extra Services****Extra Services Details**

Description	Amount
Signature Confirmation	

**Events**

Event	Event Code	Event Date	Event Time	Location	Input Method	Scanner ID	Carrier Route	Posting Date / Time (Central Time)	Other Information
DELIVERED, INDIVIDUAL PICKED UP AT POSTAL FACILITY	01	09/19/2016	09:14	FANSHAW, OK 74935	Scanned	IMD 030SHEQ733 (non-wireless)	Scanned by route 4935C900	09/19/2016 09:30:46	<div>View Delivery Signature and Address</div> <div>Facility Finance Number: 392970 Recipient Name: M CUMMINGS</div> <div>Request Delivery Record</div>
	14	09/16/2016	07:12		Scanned				







## Information for Pre-Complaint Counseling

Reference: PRE-000081-2018

On 10/1/2017, I requested  
(Month, Day, Year)  
an appointment with an Alternative Dispute Resolution (ADR) Specialist.

OFFICE USE ONLY	
Code	Date Stamp
Case Number	<b>RECEIVED</b> OCT 13 2017 <b>NEEOISO</b>
Page Number	
44-730-0002-18	
(6)	

**Important:** You should complete this form and return it to the EEO office **within 10 calendar days of receipt**. This is the only notification you will receive about the need for you to complete this form.

### A. Requester Information

Name (Last, First, MI) <u>Cummings, Mary, E.</u>		EIN, or SSN if applicant	Home Telephone Number
Your Mailing Address (Street or PO Box™, City, State and ZIP+4®) <u>P.O. Box 11 Fanshawe, OK, 74935</u>			Finance Number
Name of Postal Facility Where You Work			Office Telephone Number ( )
Address of Postal Facility (Street or PO Box, City, State and ZIP+4)			Email Address*
Employment Status (Check one.) <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Career <input type="checkbox"/> Non-Career (Specify):		Position Title	Do you have Veteran's Preference Eligibility?
		Position Level	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pay Location	Tour	Duty Hours	Time in Current Position ____ Years ____ Months
Off Days (If Tour I, show nights off.)			
Your Supervisor's Name		Supervisor's Title	Supervisor's Telephone Number ( )

\*Providing this information will authorize the U.S. Postal Service® to send you important documents electronically.

### B. Discrimination Factors

Prohibited discrimination includes actions taken based on your **Race, Color, Religion, Sex (Male, Female), Sex (LGBT), Age (40+), National Origin, Physical and/or Mental Disability, Genetic Information, or in Retaliation** for your participation in protected EEO activity. These categories are referred to on this form as factors.

What factor(s) of discrimination are you alleging? (Please be specific, i.e., Race-African American, Sex-Female).

Race, Sex, Age,  
Race- American Indian (Cherokee); Sex- Female ; Age - (40+)

**For Retaliation Allegations Only.** If you are alleging retaliation discrimination, provide the date(s) and specifics of the protected EEO activity that you feel caused you to be retaliated against.

1. On 8-15-16, I engaged in EEO activity. Case Number: 4G-730-0058-16  
(Month, Day, Year)

2. On \_\_\_\_\_, I engaged in EEO activity. Case Number: \_\_\_\_\_  
(Month, Day, Year)

### C. Description of Incident/Action

Please use the space below to briefly describe the incident or action that prompted you to seek EEO counseling at this time.

On Sept. 20, 2017,  
Month, Day Year

Retaliation Allegation. On Sept. 20, 2017, the hiring process was  
tainted by retaliatory conduct by the interviewing Postmaster, Pamela  
Freeman, when asking me a question that paralleled conflict during  
the interview. "What happened between you & Carla Milosav?  
Well, Did she fire you?"

**D. Comparisons**

Explain why, based on the factors you cited in Section B, you believe that you were treated differently than other employees or applicants in similar situations.

1.

(Name of Employee)

White, Male, &amp; under age 40

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

Intentional racial employment discrimination

1) I am a Cherokee Nation Tribal member over the age of 40

2) I applied &amp; was qualified for the job U.S.P.S. was trying to fill.

3) I was rejected 4) thereafter the U.S.P.S. continued to seek

(Name of Employee)

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

applicants with complainant's qualifications.

5) hiring applicants with no postal experience &amp; a lesser test score.

6) I have been on all pre-hire list on all jobs, I have applied for, &amp; not receiving interviews.

(Name of Employee)

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

I have been denied an employment opportunity or otherwise discriminated against by an employer in violation of Title VII.

Also, Obstructing Competition - Statements made during my reference check from former Postmaster's / fellow employee's were retaliatory, and

**E. Official(s) Responsible for Action(s)**

List the name(s) of the official(s) who took the action which prompted you to seek counseling at this time.

1a. Name

Pamela Freeman

1b. Title

Postmaster

1c. Office

OIC, Heavener, OK.

1d. Position Level

2a. Name

Tracy Morris

2b. Title

Postmaster

2c. Office

was Heavener, OK. now at Keota, OK.

2d. Position Level

**Retaliation Allegations Only:** Was/were the official(s) listed in Section E above aware of your participation in protected EEO activity?☐ No ☐ Yes If yes, explain how the official(s) became aware:

3a Name: John Chancellor - Postmaster

3c. Office: Tahlequah, OK.

4a. Name: Carla Milosav 4b) Postmaster 4c) Stilwell, OK.

**F. Resolution**

What are you seeking as a resolution to your pre-complaint?

Open

**RECEIVED**

OCT 13 2017

**NEEOISO****G. Grievance/MSPB Appeal**

On the incident that prompted you to seek EEO counseling, have you:

1. Filed a grievance on the same issue?

☒ No☐ Yes

If yes, \_\_\_\_\_

(Date)

(Current Step)

2. Filed an MSPB appeal on this issue?

☒ No☐ Yes

If yes, \_\_\_\_\_

(Date Appeal Filed)

3. Filed an appeal under Section 650 of the Employee and Labor Relations Manual (ELM)?

☒ No☐ Yes

If yes, \_\_\_\_\_

(Date Appeal Filed)



unnecessary, intentionally hindering me  
from competing for employment, Equal  
Employment Opportunities.

U.S.P.S. violating their own hiring practices.  
Preselection was manipulated

Violated the "Four-Fifths rule" against  
hiring Female minorities. ~~U.S.P.~~ or minority applicants.

RECEIVED

OCT 16 2017

NEEOISO

**H. Anonymity**

You have the right to remain anonymous during the pre-complaint process.

Do you desire anonymity?

☒ No ☐ Yes

**I. Representation**

You have the right to retain representation of your choice. (Check one.)

☒ I waive the right to representation at this time. ☐ I authorize the person listed below to represent me.

Name of Representative	Representative's Title	
Organization	Telephone Number (   )	Email Address**
Mailing Address (Street or PO Box, City, State and ZIP+4)		

\*\*Providing this information will authorize the U.S. Postal Service to send your representative important documents electronically.

**J. Documentation**

Please attach any documentation you wish to submit to support your allegation(s). Include a copy of any written action(s) that caused you to seek counseling at this time.

**K. Privacy Act Statement and Rehabilitation Act Notice**

**Privacy Act Statement:** Your information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not be able to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service® (USPS®) or requesting agency becomes aware of a violation of law; to congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

**Rehabilitation Act Notice:** Under the Rehabilitation Act, medical information is confidential and may only be requested or disclosed in very limited circumstances. Medical documentation about the complainant's and possible comparison employees' medical conditions and work restrictions may be requested in connection with the investigation of an EEO complaint. Information about medical restrictions (but not medical conditions) obtained in the course of an EEO investigation may be disclosed to supervisors and managers who need to know about restrictions on the work or duties of the employee and about necessary accommodations. Supervisors and managers are not permitted to share such information with peers or subordinates or to discuss the information with those who have no need to know and whose requests for the information are not job-related and consistent with business necessity.

**L. Authorization**

I am aware that the claim(s) contained herein shall by-pass the pre-complaint process if (1) similar or related to a formal complaint that I have already filed, or (2) the claim(s) constitutes a spin-off complaint. (A spin-off complaint contests the manner in which a previously filed complaint is being processed.) In completing this PS Form 2564-A, *Information for Pre-Complaint Counseling*, I recognize that the manager, Dispute Resolution, and NEEISO will review the claim(s) contained herein and determine how they shall be processed. I will be notified, in writing, if the manager and NEEISO determine that my claim(s) shall be processed as amendments or appendages to a formal or informal complaint that I have already filed.

Print your name here

Mary F. Cummings

Your Signature

Mary F. Cummings

Date signed

10-10-17

Please return this form to:

NEEOISO - EEO CONTACT CENTER  
U.S. POSTAL SERVICE  
PO BOX 21979  
TAMPA FL 33622-1979

RECEIVED

OCT 13 2017

NEEOISO



# Certification of Receipt — Publication 133

Privacy Act Statement and Rehabilitation Act Notice

**Privacy Act Statement:** Your information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not be able to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service® (USPS®) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

**Rehabilitation Act Notice:** Under the Rehabilitation Act, medical information is confidential and may only be requested or disclosed in very limited circumstances. Medical documentation about the complainant's and possible comparison employees' medical conditions and work restrictions may be requested in connection with the investigation of an EEO complaint. Information about medical restrictions (but not medical conditions) obtained in the course of an EEO investigation may be disclosed to supervisors and managers who need to know about restrictions on the work or duties of the employee and about necessary accommodations. Supervisors and managers are not permitted to share such information with peers or subordinates or to discuss the information with those who have no need to know and whose requests for the information are not job-related and consistent with business necessity.

## Certification of Receipt — Publication 133

I hereby certify that on this date I received a copy of Publication 133, *What You Need to Know About EEO*, to keep for my personal records.

Signature of Recipient

*Mary F. Cummings*

Date

10-10-17

**Note:** Recipient, when you receive this form by mail, please sign and return it to the EEO Office at the same time you return your completed PS Form 2564-A, *Information for Pre-Complaint Counseling*.

## Certification of Service — Publication 133

I hereby certify that on this date, Publication 133, *What You Need to Know About EEO*,

was mailed to \_\_\_\_\_

via Certified Mail Number \_\_\_\_\_

or delivered by hand to \_\_\_\_\_

Signature of Server

Date

**RECEIVED**

OCT 13 2017

**NEEOISO**

PS Form 2563-A, October 2015



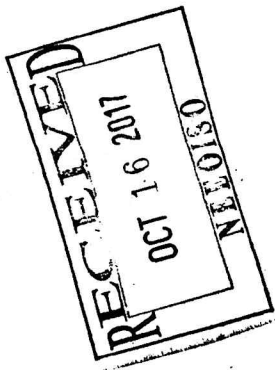
Mary F. Cummings  
P.O. Box 11  
Fanshawe, OK, 74935

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



2016 0340 1180 04ED 9702



NEEISO - EEO Contact Center  
U.S. Postal Service  
P.O. Box 21979  
Tampa, FL 33622-1979



EEO COMPLIANCE AND APPEALS  
EEO FIELD OPERATIONS – REGION 2



10/31/2017

Priority Mail Signature Confirmation # 2315 1470 0000 6092 9865

Mary F. Cummings  
P O Box 11  
Fanshawe, OK 74935-0011

Subject: Notice of Right to File  
EEO Case No.: 4G-730-0002-18

Dear Ms. Cummings:

This letter is to notify you that I have concluded the processing of your claim of discrimination initiated on 10/1/2017. In this matter you claim that you were discriminated against based on Race/American Indian, Sex/Female, Age, and Retaliation/Prior EEO Activity when hiring practices were violated and you were given bad employment references when 1) on 9/20/2017, you were not hired for PSE Clerk at the Muse Oklahoma Post Office. You claim during the interview you were asked what happened between you and management at your last postal job. 2) On 9/12/2017, you did not receive an interview for the PSE Clerk position at the Howe Oklahoma Post Office. 3) During February 2017, you were not hired for the PSE Clerk position at the Whitesboro Oklahoma Post Office although you were the only applicant that applied and interviewed.

An inquiry was conducted. In response to claim 1) management indicated a person with a higher test score was selected for the Muse PSE job. In response to claim 2) management indicated that you were eliminated from the hiring packet for Whitesboro PSE job because you failed to put on your application that you were terminated from prior postal employment. In response to claim 3) management indicated the top 3 applicants were interviewed for the Howe PSE job.

EEO counseling was conducted and attempts to resolve your issues were unsuccessful. At this time there is no resolution to your counseling request. You have two options available to you. You may (1) do nothing, at which point your inquiry will expire and no further action will be taken on your counseling request, or, alternatively, you may withdraw your counseling request by signing and returning the enclosed PS Form 2564-C, *Withdrawal of Complaint of Discrimination*; or (2) you may elect to file a formal complaint.

If you opt to file a formal complaint, you have **15** days from the date of receipt of this letter to file a timely formal complaint. Your complaint could be subject to dismissal in accordance with 29 CFR Part 1614.107 if not filed within the **15** day time limit. Your complaint will be deemed timely if it is postmarked before the expiration of the **15** day time limit. The Complaint must be specific and contain only those issues either specifically discussed with me or issues that are like or related to the issues that you discussed with me.



Enclosed are the required forms if you wish to pursue your complaint further through the EEO process. If you choose to file a formal complaint, you must complete, sign, and date PS Form 2579-A and PS Form 2565 and return them to the following address:

**NEEOISO-Formal Complaint  
U.S. Postal Service  
P.O. Box 21979  
Tampa, FL 33622-1979**

You are **not** permitted to use a penalty envelope to submit your formal complaint. You will receive written acknowledgment of your formal complaint.

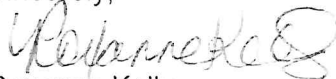
As a reminder, it is your responsibility to immediately notify NEEOISO, U. S. Postal Service, PO Box 21979, Tampa, FL 33622-1979, of any changes to your mailing address. If you designate or change your EEO representative, it is your responsibility to advise NEEOISO, in writing, of that person's name, title, mailing address, and phone number.

**Be advised that** I make no decisions with regard to the future processing of your complaint. Nonetheless, you should know that EEO claims are dismissible for reasons of untimely contact and failure to state a claim. Untimely contact is any EEO contact in excess of 45 days from the date an employee knew or reasonably should have suspected an action to be discriminatory. In such cases, complainants must include a statement explaining why the contact was in excess of 45 days from the first incident at the time of filing a formal complaint.

Failure to state a claim can be determined in cases where: (1) the offense is not severe or pervasive and does not rise to the level of a tangible employment action, (2) where the offense is not covered by EEO laws or is outside the jurisdiction of the EEOC, (3) where it can be shown that the complainant is attempting to circumvent other fact-finding processes, such as the grievance procedure, or (4) cannot occur again under the same circumstances.

If you have any questions, please do not hesitate to give me a call.

Sincerely,



Roxanne Kelly  
3939 Vincennes Rd.  
Indianapolis, IN 46298-9411  
(317) 870-8542

Enclosures: PS Form 2579-A  
PS Form 2565  
PS Form 2564-C  
PS Form 2563-B

cc: Case File  
4G-730-0002-18

# **VERY IMPORTANT**

Carefully read the Notice of Right to File Individual Complaint form (2579-A) prior to completing the EEO Complaint of Discrimination in the Postal Service (PS Form 2565) or commonly referred to as the formal complaint. The instructions on the Notice of Right to File Individual Complaint form clearly spells out the requirements necessary to file a formal complaint. Failure to completely fill out all of the items of the formal complaint, specifically Items 14, 15 and 16, may result in the dismissal of your formal complaint.

Contact me if you have any questions regarding the filing of the formal complaint.

Roxanne Kelly  
Roxanne Kelly  
EEO ADR Specialist  
Tel: (317) 870-8542



## Notice of Right to File Individual Complaint

TO: Name (First, MI, Last)	Re: Case No.
Mary F. Cummings	4G-730-0002-18

This notice will attest to the fact that on **10/31/2017**, I advised you of the actions taken concerning the alleged discrimination that you brought to my attention. If the matters that you raised during the pre-complaint processing stage have not been resolved, you have the right to file a formal complaint within 15 calendar days of the date you receive this notice. If you decide to file a formal complaint, your complaint must be put in writing and signed by you or your attorney, if you retained one to represent you. I am providing you with **PS Form 2565, EEO Complaint of Discrimination in the Postal Service**, for this purpose. Your complaint must be delivered to:

NEEOISO – Formal Complaints  
U.S. POSTAL SERVICE  
P.O. BOX 21979  
TAMPA FL 33622-1979

Your complaint will be deemed timely filed if it is received at this address before the expiration of the 15-day filing period, or if it bears a postmark that is dated before the expiration of the filing period. In the absence of a legible postmark, it must be received by mail within 5 calendar days of the expiration of the filing period.

An EEO discrimination complaint can be processed only if the complainant alleges he or she has been discriminated against on the basis of race, color, religion, sex, national origin, age (40+), disability, genetic information or retaliation for past EEO activity. In addition, courts have ruled the complainant has the burden of presenting evidence which would give rise to an inference of discrimination. A complaint must contain the following information:

- (1) **Your name, address, position, and level;**
  - If you change your address, you have a regulatory requirement to immediately report the change to the address below:  
NEEOISO-EEO Contact Center, U.S. Postal Service, P.O. Box 21979, Tampa FL 33622-1979
- (2) **The specific action or matter complained of**, the date of occurrence, and the names of the official(s) who took the alleged discriminatory action at issue in this complaint;
- (3) **The specific type of discrimination alleged**, e.g., race – African American, sex - female, etc.;
  - If you allege disability discrimination, the alleged disability must be more than a temporary condition.
  - If you allege age discrimination, you must have been at least 40 years of age on the date the alleged discriminatory action occurred.
- (4) **A brief statement of the facts** that led you to believe you were discriminated against and the names of similarity situated individuals whom you believe were treated differently than you.
  - If you allege a failure to accommodate a disability or your religion, you must explain the accommodation sought and why you sought it.
  - If you allege retaliation, you must show a connection between the action about which you are complaining and your participation in protected EEO activity. You must also show that when the alleged discriminatory action at issue in this complaint occurred, the management official who took the action was aware that you had previously engaged in protected activity.
- (5) **The name of the EEO Dispute Resolution Specialist** who provided you with this notice and the date you received this Notice of Right to File.

### Privacy Act Notice

**Privacy Act Notice.** The collection of this information is authorized by The Equal Employment Opportunity Act of 1972, 42 U.S.C. 2000e-16; The Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. 633a; The Rehabilitation Act of 1973, as amended, 29 U.S.C. 794a; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a

congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

Signature of Dispute Resolution Specialist	Date Issued	Your Signature	Date Received
	10/31/2017		

**Alternative Dispute Resolution Specialist: If you are mailing this Notice, you must send it by Priority Mail, Signature Confirmation**  
Delivery # 2315 1470 0000 6092 9865

PS Form 2579-A, October 2015





# EEO Complaint of Discrimination in the Postal Service

(See Instructions and Privacy Act Statement on Reverse)

1. Name <b>Mary F. Cummings</b>		2. SSN or EIN if Applicant	3. Case No. <b>4G-730-0002-18</b>
4a. Mailing Address (Street or P.O. Box)		4b. City, State, and Zip + 4	
5. Email Address *		6. Home Phone ( )	7. Work Phone ( )
8. Position Title (USPS Employees Only)	9. Grade Level (USPS Employees Only)	10. Do You Have Veteran's Preference Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Installation Where You Believe Discrimination Occurred (Identify Installation, City, State, and Zip+4)		12. Name & Title of Person(s) Who Took the Action(s) You Allege Was Discriminatory	
13a. Name of Your Designated Representative		13b. Title	
13c. Mailing Address (Street or P.O. Box)		13d. City, State, and ZIP + 4	
13e. Email Address *		13f. Home Phone ( )	13g. Work Phone ( )

\* Providing this information will authorize the Postal Service to send important documents electronically.

14. Type of Discrimination You Are Alleging		15. Date on Which Alleged Act(s) of Discrimination Took Place
<input type="checkbox"/> Race (Specify): <input type="checkbox"/> Color (Specify): <input type="checkbox"/> Religion (Specify): <input type="checkbox"/> National Origin (Specify): <input type="checkbox"/> Sex (Specify Male, Female):	<input type="checkbox"/> Sex (LGBT): <input type="checkbox"/> Age (40+) (Specify Date of Birth): <input type="checkbox"/> Retaliation (Specify Prior EEO Activity): <input type="checkbox"/> Disability (Specify): <input type="checkbox"/> Genetic Information (Specify):	

16. Explain the specific action(s) or situation(s) that resulted in you alleging that you believe you were discriminated against (treated differently than other employees or applicants) because of your race, color, religion, sex, age (40+), national origin, genetic information or disability. Note that if your allegation is like or related to a previous complaint, that complaint may be amended. 29 C.F.R. § 1616.106(d)

17. What Remedy Are You Seeking to Resolve this Complaint?

18. Did You Discuss Your Complaint with an EEO Alternative Dispute Resolution (ADR) Specialist or a REDRESS Mediator?

☐ Yes Date you received the Notice of Final Interview: \_\_\_\_\_  
☐ No

19a. Signature of Dispute Resolution Specialist / Signature Confirmation # 2315 1470 0000 6092 9865

19b. Date

20. Signature of Complainant or Complainant's Attorney

10/31/2017

21. Date of this Complaint

## Privacy Act Notice

**Privacy Act Notice.** The collection of this information is authorized by the Equal Employment Opportunity Act of 1972, 42 U.S.C. § 2000e-16; the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § 633a; the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794a; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other

benefits; to a congressional office at your request, to an expert, consultant or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

## Instructions

- A. Use this form to file a formal complaint if you are an employee or applicant for employment who believes that you have been discriminated against by the Postal Service because of your race, color, religion, sex, age (40+), national origin, genetic information or disability. You must have presented the matter to an EEO dispute resolution specialist within 45 calendar days of the date the incident occurred, or, if a personnel action was involved, within 45 calendar days of the effective date of the personnel action. Mail the completed formal complaint to the following address:
  - NEOISO – Formal Complaints  
U.S. Postal Service  
P.O. Box 21979  
Tampa FL 33622-1979
- B. Unless you have agreed to extend the 30-day period for an additional 60 calendar days, you will receive a notice of right to file a formal complaint within 30 calendar days from the date of your first contact with the EEO Office. You must file your formal complaint within 15 calendar days of the date on which you receive your notice of right to file. If you do not receive a notice of right to file within the appropriate time period, you may file a formal complaint at any time thereafter, up to 15 calendar days after receiving the notice.
- C. If you have agreed to participate in alternative dispute resolution (ADR), the informal process must be completed within 90 calendar days of your first contact with the EEO office. You have the right to file a formal complaint at any time thereafter, up to 15 calendar days after you have received your notice of right to file.
- D. Your notice of right to file contains the address where your formal complaint must be mailed or delivered and the address is listed in Part A of this document. The formal complaint will be deemed timely if it is received or postmarked before the expiration of the 15-day filing period, or, in the absence of a legible postmark, if it is received by mail within 5 days of the expiration of the filing period.
- E. The time limits for filing a formal complaint may be extended if you show that you were prevented by circumstances beyond your control from timely submitting the complaint, or if you present other reasons considered sufficient by the Postal Service.
- F. If you need help preparing this form, you may obtain assistance from a representative of your choice. You may also seek guidance from the dispute resolution specialist who issued you the notice of right to file.
- G. Your formal complaint must be in writing and must be signed and dated by you or your attorney. You are entitled to a representative of your choice at all stages of the EEO complaint process; however, only an attorney can sign official EEO documents on your behalf.
- H. If your written complaint is accepted, it will be assigned to an EEO complaint investigator who will provide you with an opportunity to present all the facts that you believe resulted in the alleged discrimination. The EEO complaints investigator will conduct a thorough review of the circumstances under which the alleged discrimination occurred.
- I. While your complaint is under investigation, you may amend it to add claims that are like or related. Contact the EEO office for the address where your written amendment request must be mailed or delivered.
- J. You and your representative will each be provided a copy of the completed investigation file. You have the right to request a hearing within 30 calendar days of the date you receive the investigative file by mailing or delivering your request to the appropriate Equal Employment Opportunity Commission (EEOC) District Office with a copy to the area.
- K. If you request a hearing, the EEOC will appoint an administrative judge (AJ) to conduct the hearing. The AJ will notify you and the Postal Service of the right to seek discovery prior to the hearing to develop evidence reasonably on matters relevant to the issues raised in the complaint(s) to be heard. Attendance at the hearing will be limited to persons the administrative judge determines have direct knowledge relating to the complaint. Hearings are part of the investigative process and are closed to the public.
- L. Following the hearing, the AJ will send you copy of the hearing record, including the transcript and his/her decision. The head of the agency, or his/her designee, will review the entire record, including the transcript, and will determine whether or not to implement the AJ's decision. You will receive the agency's notification of final action within 40 days of the date the agency receives the AJ's decision. If the agency's final action will not fully implement the AJ's decision, the agency must appeal to the EEOC. A copy of the Postal Service's appeal will be attached to your notification of final action.
- M. If you are not satisfied with the decision of the AJ, or the agency's final action on the decision, you have the right to appeal within 30 calendar days after receiving notification of the agency's final action. Your appeal must be mailed to the EEOC at the following address: EEOC Office of Federal Operations, Federal Sector Programs, P.O. Box 77960, Washington DC 20013-8960
- N. In lieu of filing an appeal of the agency's final action to the EEOC's Office of Federal Operations (OFO), you may file a civil action in an appropriate U.S. District Court within 90 calendar days of your receipt of the agency's final action.
- O. You may also file a civil action in an appropriate U.S. district court: after 180 days have passed from the date you filed the complaint, if the final agency action has not been issued and an appeal has not been filed; within 90 days of receipt of the OFO's decision on your appeal; or after 180 days have passed from the date you filed your appeal with the OFO, if there has been no decision issued on that appeal.
- P. Special statutory provisions in Public 93-259 relate to age discrimination. The Public Law sets forth the right to by-pass the administrative complaint processing procedure and file a civil action. For additional information, contact the EEO office.
- Q. Under the Equal Pay Act, you have the right to file a civil action without exhausting the administrative procedures.
- R. You must keep the EEO complaint processing office aware of your current mailing address at all times. Failure to notify the EEO complaint processing office and the EEOC of an address change could result in the dismissal of your complaint.





## Allegations of Discrimination Based on Age

Case No.

4G-730-0002-18

To: (Full Name and Address)

Mary F. Cummings  
P O Box 11  
Fanshawe, OK 74935-0011

The Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination in employment on the basis of age (40 years or older). The ADEA allows persons claiming age discrimination to go directly to court without going through an agency's administrative complaint procedures. The following information is being provided to you to explain the procedures concerning age discrimination.

If your complaint alleges age discrimination, you may bypass the administrative complaint process by electing not to file a formal complaint and instead filing a civil action in an appropriate U.S. district court. Before filing suit in U.S. district court, you must file a notice of intent to sue with the Office of Federal Operations, Equal Employment Opportunity Commission. You must file the notice within 180 calendar days of the date of the alleged discriminatory action. Once you have timely filed the notice of intent to sue with the EEOC, you must wait at least thirty (30) calendar days before filing a civil action.

A. If you choose to file a formal EEO complaint, you must submit PS Form 2565 to the following address:

NEEOISO – FORMAL COMPLAINTS  
U.S. POSTAL SERVICE  
P.O. BOX 21979  
TAMPA FL 33622-1979

You must exhaust your administrative remedies before you can file a civil action. 29 C.F.R. §1614 provides that you exhaust administrative remedies under the ADEA: (1) 180 days after filing a complaint, if the Postal Service has not taken final action and you have not filed an appeal; or (2) within 90 calendar days after receiving a final action by the Postal Service; or (3) 180 days after filing an appeal with the EEOC, if the Commission has not issued a final decision; or (4) within 990 days after receiving the Commission's final decision on appeal.

B. Notices of intent to sue must be mailed to the EEOC at the following address:

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
OFFICE OF FEDERAL OPERATIONS  
FEDERAL SECTOR PROGRAMS  
P.O Box 77960  
WASHINGTON DC 20013-8960

or delivered to:

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
OFFICE OF FEDERAL OPERATIONS  
FEDERAL SECTOR PROGRAMS  
131 M STREET, NE, SUITE 5SW12G  
WASHINGTON DC 20507-0004

or faxed (if no more than 10 pages) to:

OFFICE OF FEDERAL OPERATIONS  
FEDERAL SECTOR PROGRAMS  
(202) 663-7022.

C. The notice of intent to sue should be dated and must contain the following information:

- (1) Statement of intent to file a civil action under section 15(d) of the Age Discrimination in Employment Act of 1967, as amended;
- (2) Name, address, and telephone number;
- (3) Name, address, and telephone number of your designated representative, if any;
- (4) Name and location of the Postal facility where the alleged discriminatory action occurred;
- (5) Date on which the alleged discriminatory action occurred;
- (6) Statement of the nature of the alleged discriminatory action(s); and
- (7) Your signature or your representative's signature.

Signature of Dispute Resolution Specialist 	Date Issued 10/31/2017	Your Signature	Date Received
--	---------------------------	----------------	---------------



## Withdrawal of Complaint of Discrimination

Case Number

4G-730-0002-18

I do hereby voluntarily withdraw: (Select one of the following.)

☒ My request for EEO counseling or my formal EEO complaint in its entirety;

Or

☐ The following allegation(s):

I fully understand that by withdrawing the complaint or allegation(s), I am waiving my rights to any further appeal of this complaint or allegation(s) through the EEO process. I further stipulate that my withdrawal did not result from harassment, threat, coercion, intimidation, promise or inducement.

### Privacy Act Statement and Rehabilitation Act Notice

**Privacy Act Statement:** Your information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not be able to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service \* (USPS \* ) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

**Rehabilitation Act Notice:** Under the Rehabilitation Act, medical information is confidential and may only be requested or disclosed in very limited circumstances. Medical documentation about the complainant's and possible comparison employees' medical conditions and work restrictions may be requested in connection with the investigation of an EEO complaint. Information about medical restrictions (but not medical conditions) obtained in the course of an EEO investigation may be disclosed to supervisors and managers who need to know about restrictions on the work or duties of the employee and about necessary accommodations. Supervisors and managers are not permitted to share such information with peers or subordinates or to discuss the information with those who have no need to know and whose requests for the information are not job-related and consistent with business necessity.

Signature of Claimant

Print Name of Claimant

Date

Mary F. Cummings

CERTIFICATE OF SERVICE

I certify that on this date that PS Form 2579-A, Notice of Right to File Individual Complaint, with attachments, was mailed to the following parties at the mailing addresses listed below: A copy of letter (only) was sent by regular mail to representative.

**Counselee**

Mary Cummings  
P O Box 11  
Fanshawe, OK 74935-0011

Priority Mail Signature Confirmation  
#2315 1470 0000 6092 9865

**Representative**

NA

  
\_\_\_\_\_  
EEO ADR Specialist


10/31/2017

\_\_\_\_\_  
Date

4G-730-0002-18

**U.S. Postal Service® Signature Confirmation™ Receipt**

SIGNATURE CONFIRMATION NUMBER:  
2315 1470 0000 6092 9865



Mary F. Cummings  
P O Box 11  
Fanshawe, OK 74935-0011

Postmark  
(Here) 10/31/2017

☐ Check if applicable  
☐ Restricted Delivery

PS Form 153, April 2015 PSN 7530-05-000-4046 (See Reverse)



Tracking Number: 2315 1470 0000 6092 9865

This item was delivered on 11/08/2017 at 09:05:00

[Return to Tracking Number View](#)

Delivery Section	
Signature	re Mary F. Cummings
	1 Mary F. Cummings
Address	y P.O. Box 11
	s Fanshawe OK 74935

Tracking Number: 23151470000060929865



Signed for By: M CUMMINGS // FANSHAWE, OK 74935 // 9:05 am

Product & Tracking Information

See Available Actions

Postal Product:

Features:  
Signature Confirmation™

DATE & TIME	STATUS OF ITEM	LOCATION
November 8, 2017, 9:05 am	Delivered, Individual Picked Up at Postal Facility	FANSHAWE, OK 74935
Your item was picked up at a postal facility at 9:05 am on November 8, 2017 in FANSHAWE, OK 74935. The item was signed for by M CUMMINGS.		
November 4, 2017, 7:06 am	Available for Pickup	FANSHAWE, OK 74935
November 4, 2017, 7:06 am	Arrived at Post Office	FANSHAWE, OK 74935
November 4, 2017, 2:26 am	Departed USPS Regional Facility	TULSA OK DISTRIBUTION CENTER